

Beryllium Work History Questionnaire

The questions below will assist the safety and health professional in identifying your previous exposure or potential exposure to beryllium at any DOE facility. The list of beryllium sites should be useful in determining if you performed duties with the potential for airborne exposure to beryllium at a site known to have current or past beryllium activities.

1. Current employment status:

Federal Employee []

Contractor Employee []

National Laboratory Employee []

Other [] Please explain:

2. What is your:

Organization code:

Telephone number:

E- mail address:

3. Have you ever worked or performed oversight duties at any of the sites known to have past or current beryllium activities? Yes [] No []

If yes, list the:

a. Facility or building(s) you worked in:

b. Date(s) of your employment:

c. Your job title:

4. While working at the DOE facility listed above, did you perform oversight activities? Yes [] No []

5. While working at the DOE facility, did you visit areas in which beryllium is stored or handled (e.g., rooms, buildings)? Yes [] No []

6. While working at the facility listed above, did you handle dusty papers or material? Yes [] No []

If yes, provide location and building number:

7. Do you believe that you were exposed or may have been potentially exposed to airborne concentrations of beryllium at the DOE facility? Yes [] No [] Don't Know []

8. Are you currently participating in a former or current beryllium worker medical surveillance program? Yes [] No []

If yes, give the name and location:

PLEASE RETURN THIS COMPLETED FORM TO HQ HEALTH UNIT

NOTE: Please forward the completed form in a sealed envelope to the Headquarters Health Unit marked with the following to ensure the privacy of the information contained on the survey:

"CONFIDENTIAL INFORMATION"
ATTN: HQ Health Unit
Forrestal Bldg.

The completed form will be reviewed by a safety and health professional who will determine your risk for being exposed or potentially exposed to hazardous substances in your workplace, and if necessary, make a recommendation that you be referred to the Site Occupational Medical Director (SOMD) for medical evaluation to your supervisor.

The completed form will then be forwarded to the SOMD who will determine the appropriate medical surveillance for you. The SOMD or his designee will contact you. Once the form is sent to the SOMD, it becomes a part of your official medical record. Therefore, the SOMD must treat the information on this form and the information collected as a result of the medical surveillance examination as confidential medical information and can use or disclose this information only in conformance with the Privacy Act of 1974, the Americans with Disabilities Act, and other applicable laws.

Privacy Act Statement

Section 19 of the Occupational Safety and Health Act of 1970 (U.S.C. 668) and Executive Order 12196, "Occupational Safety and Health Programs for Federal Employees," (5 U.S.C. 7902 note) authorizes collection of this information. The primary use of this information is by management to determine your workplace exposure; cost of the medical surveillance program so appropriate funds are allocated; and by the health unit's physician to determine the appropriate medical surveillance for you. Additional disclosure of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; or to a State unemployment compensation office regarding a claim. Furnishing the information on this form is voluntary, but failure to do so may result in you not receiving appropriate medical surveillance. The information on this form will be kept in appropriate agency Privacy Act systems of records and will be afforded the protection provided by the Privacy Act.